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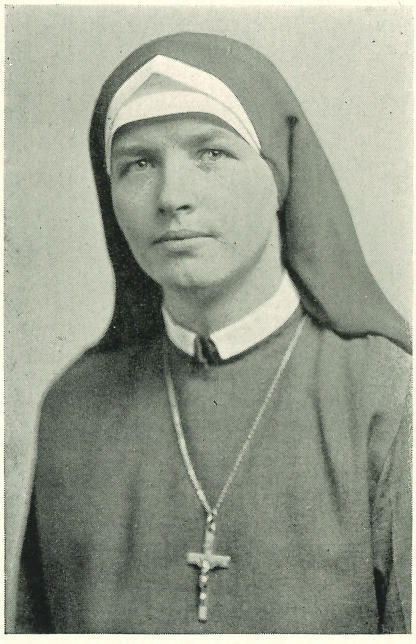
Photographed as papal visitor to Africa before elevation to See of Westminster. See article on His Excellency on page 124.



Doctor Helen Lalinsky, S.C.M.M.

Graduated from Woman's Medical College of Pennsylvania, Philadelphia, on June 5, 1935. See article on page 125.

NURSES AND THE MEDICAL MISSIONS

BY A SISTER SUPERVISOR

Graduation Day in the Hospital. The nurses in beautifully starched uniforms, crisp new caps and long blue capes knelt in their places. The Bishop gave a sermon appropriate for the occasion. After the sermon the graduating nurses, one by one, went up to the Bishop who presented them with their diplomas and pins. Benediction of the Blessed Sacrament followed.

From a far corner of the Chapel I watched the nurses walk to their places. It seemed such a short time ago that they were probationers and here they were already through their nursing course. What is going to become of them, I mused?

Graduating exercises always start me reminiscing—a sign of old age, I suppose. I recalled students of classes of last year, the year before that, the students of ten, fifteen, twenty years ago. Many of them come back to visit occasionally or I hear of them through the other nurses. Most of them are married. A few have just drifted along year after year, until "poor Miss So-and-So is too old to take a case." A few—entirely too few—entered a Religious Community. Of all the hundreds of lovely Catholic nurses whom I have met and have seen graduate I know of only one who has gone to the "Missions."

The "Missions" were on my mind because I had just received a letter from the Society of Catholic Medical Missionaries which said among other things, "Right now we have on file 45 requests from as many foreign mission Bishops from all parts of the field asking for our Sisters. So far we have

been able to answer only two of them by opening up establishments."

Then why do so few Catholic nurses go to a missionary community, especially one devoted to medical mission work? Surely, I thought, as I watched the present graduating class, all these Catholic girls are eligible for the religious life in the medical missions. That is, they have the fundamental requirements for convent life—good health, good moral character, unmarried and free to enter if they will. They also have the desire to serve the sick otherwise they would not have taken a nursing course. What is a vocation but eligibility plus a desire to live a more perfect life? However, it takes more than *desire* to enable them to take that step from the "world" to the convent. Is it that they lack the *determination* to devote themselves to the Service of God under the rule of some Religious Community? Why do so few *want* to serve God in the religious life, especially in the missionary field?

My musings about the nurses reminded me of a survey which had come into my hands, so after Benediction was over I went to my office and searched for it. I read it over carefully with the hope that it would answer some of the questions that were in my mind. The sight of the graduating class, the Bishop's sermon, the letter I had just received, seemed to put me in just the right mood for contemplating such a subject as "Nurses and the Medical Missions."

The survey started in this way: The Catholic Hospital Association was concerned about the few vocations to Nursing Sisterhoods; therefore, in 1930, at the end of the annual convention held in Washington, D. C., a committee was appointed to study the question. A survey was made by means of questionnaires and the results were published under the name THE REPORT OF THE COMMITTEE ON THE ADEQUACY OF THE NUMBER OF VOCATIONS. The parts I found particularly interesting were as follows:

QUESTIONNAIRE A was sent to 655 Catholic Hos-

pitals in the United States. It asked for general information in regard to the number of patients, size of the hospital and similar statistics.

QUESTIONNAIRE B was sent to the same hospitals. Only 365 answers could be tabulated, but basing figures on the number of hospitals answering they found:

An average of 11 nurses is being graduated each year.

655 times 11 equals 7,205 nurses being graduated from Catholic hospitals every year.

248 schools reported a total of 482 vocations to the Sisterhood conducting the hospital and 156 vocations to other Sisterhoods in the past five years. To quote the survey, "On the basis of these figures about 1 per cent of the girls finishing the schools joined one of the Sisterhoods."

Out of that 1 per cent I wish they had found out how few had entered a Foreign Mission Community. Probably too few to be worth mentioning.

Question 6 in QUESTIONNAIRE B asked:

"In your opinion, why are there not more vocations among student and graduate nurses?"

Only 185 answered that question. Some gave more than one answer, so that 324 opinions were elicited and tabulated under 41 headings. The most frequent were:

1. Spirit and attraction of the world, including salary ..... 83 times
2. Unwillingness and lack of courage to make the sacrifice ..... 28 times
3. Lack of instruction in religion and vocations..... 23 times
4. Religious life too difficult..... 21 times
5. Nurses usually decide upon nursing to be their profession before entering the school..... 20 times

Remember that it is the superintendents of the hospitals or training schools who are answering this question. I wonder what I would have answered.

Answer three, "Lack of instruction in religion and vocations" did not seem to me so common a reason; that is, among

nurses in a Catholic Hospital. In this hospital alone we graduate about fifteen or twenty nurses every year. In the past five years only one of our graduates has entered the local community and not one has entered a missionary community or any other order. Yet, in the past five years:

1. On two different occasions the Diocesan Director of the Propagation of the Faith gave a talk on missionary work.
2. A Maryknoll priest gave a talk about the Maryknoll Missions.
3. Doctor Anna Dengel gave a talk about the Society of Catholic Medical Missionaries.
4. Sister Alma of the Catholic Medical Missionaries gave a short talk.
5. At least one talk on vocations was given every year during the nurses' retreat.
6. The Chaplain spoke on vocations about once a year.
7. Religious and Missionary literature, among them the *Bengalese*, the MEDICAL MISSIONARY, the *Field Afar*, and others were put in the nurses' library.

Therefore it should not be due to a lack of knowledge of the religious life and the Missions.

The second reason, "Lack of courage to make the sacrifice" seemed to me a more likely reason, especially when it comes to entering a Foreign Mission Community. It does take more courage to go to a distant country among strange people with queer customs and have to learn a new language and all that. Yet so many people do so much more than that for earthly reasons, for science or personal glory. Why will so few do it for the salvation of souls?

QUESTIONNAIRE C was sent to 21,813 graduate and student nurses. Of that number 4,092 replied. One question was:

"Have you at any time considered joining a Nursing Community of Religious?"

To that question 41.1 per cent said "Yes" and 58.9 per cent said "No." One might as well ask, "Have you ever thought of marrying—of being a movie actress?" If the question were put, "Have you ever seriously considered being a Sister?" the answers probably would have varied more. I imagine that almost every Catholic girl at some time or other in her life *thought* of being a Nun, but perhaps only 10 or 20 per cent *seriously considered* entering a convent.

"What reasons or motives attracted you?" was the next question.

To that question 1,651 answers were received and 31 different reasons were tabulated. The most frequent were:

1. Admiration of the religious life..... 262 times
2. Admiration of a particular Sisterhood through association and good example..... 185 times
3. Love of God and desire to serve Him..... 183 times
4. The simplicity, holiness, and happiness of the religious life ..... 121 times
5. To obtain merit and eternal salvation..... 106 times
6. Nobility of the work and life of a religious..... 102 times
7. Desirous to do good and to be helpful to others... 101 times

Admiration seemed to be the predominant note. Girls enter the convent because they tend to imitate what they admire. Reason three is the one we would expect to see come first, but is it first in the hearts of those who enter the convent, or does one just hesitate to give that as a reason? Most of us are afraid to be thought pious. One might ask a Nun, "Why did you enter the convent?" and she might answer, "Oh, I admired the religious life so much, and I adored the Nuns where I went to school," and so forth. Deep in her heart she knew that the reason was because she had read the Lives of the Saints and she wanted to be a saint too, but she would hesitate to admit to any casual questioner that she had such high aspirations.

The next question was, "What reasons influenced you against joining?"

To that question 2,168 nurses answered and the answers were tabulated under 44 different reasons. The most common were:

1. No vocation ..... 642 times
2. Attitude and actions of religious..... 210 times
3. Home conditions, finances, etc..... 175 times
4. Objection to the life of a religious..... 171 times
5. No thought given to this subject..... 119 times
6. Undecided ..... 115 times
7. Worldly attractions ..... 107 times

It is interesting to compare the reasons above with those given under QUESTIONNAIRE B where the superintendents are answering the same question for the nurse. The superintendents put worldly attractions first, the nurses put it seventh. The superintendents put lack of courage second (I think I would put it first), the nurses do not mention it at all under the most common reasons. Perhaps the nurses hate to admit that they do not have the courage to imitate what they so admire—a life of hardships far from home doing medical mission work among a strange people. It shouldn't take so much courage to enter a home community, but even that is too much for some of them.

"No vocation" is the reason given the greatest number of times. Well, what else can a girl say when she has all the qualifications for entering a religious community, health, good moral character, etc., but has no inclination for convent life? But what of the nurse who has all the qualifications for the religious life, has a desire to be a Sister, and yet cannot make up her mind what to do?

There are many like her. Often she is a daily communicant, a "lovely Catholic girl," well liked by the student body, has a sense of responsibility; a nurse who continually arouses the comment, "Wouldn't she make a wonderful Nun?" Sometimes she talks to you about it. "I would like to be a Sister—but how can I be sure that I have a vocation?" or "I'd like to go on the Medical Missions—but I hate to go so far away

from home" or "I would go to the Convent—but I do not want to leave my mother alone," and so forth.

The years go by and still she has not made a decision. She gets more uncertain as time passes. She still talks of entering some religious community. In time she begins to realize that she is not so young any more. "Am I too old now? Will any community take me?"

In that case I do think it is a lack of courage in the first place. There is one I have in mind now who for years talked of going on the Foreign Missions, ever since her graduation from the school of nursing. She cannot make herself take the step. "What if I get too lonesome and cannot stand it? What if I'm mistaken and do not have a vocation after all? How can one be sure?" Of course she isn't really happy. If she could only get up the courage to follow her better inclinations she would be a contented Nun in India or China—so it seems to me.

Another question in QUESTIONNAIRE C ran as follows:

"State briefly what, in your experience, you find to be the attitude of nurses toward the religious vocation."

To that request 3,509 answers were received. They were tabulated into 40 different viewpoints. The most frequent were:

1. Respect and admire the nobility of the religious life ..... 1,182 times
2. Attitude of indifference—neutrality..... 526 times
3. Objection to the life of a religious..... 327 times
4. No desire to become a religious..... 258 times
5. Opinion seldom expressed..... 244 times

It is hard to understand how so many nurses respect and admire the nobility of the religious life and yet how so few follow it. How much more ought they admire and respect the missionary life, yet fewer still follow it. However, the Missionary Sisters are usually out of sight and less heard of, therefore the likelihood to be more forgotten.

The fact that so many nurses admit admiring and respecting the religious life and yet so few follow it makes one think that lack of courage is a bigger factor than one would at first imagine. Also, it may be a case where they do not realize how much the Church needs them, especially in the Medical Missions. Imagine 45 Bishops in Foreign Missions appealing for Medical Missionaries from one community alone!

Studying the whole matter over in my mind I decided that what the nurses needed most was more enthusiasm about their religion and more zeal for the propagation of the Faith. How can they get enthusiastic about what is not sufficiently real to them? More personal talks by priests and religious, especially those who have worked in the mission field, telling them about the work there, the need for vocations, the joy of service, might arouse in their hearts a desire to imitate what they have heard. At least it should arouse their interest. Better knowledge brings with it greater admiration and we tend to imitate what we admire.

As for courage—well, if they learn to love God and to love the Church, their love will give them courage to make great sacrifices.

Now what about the graduating class which is leaving the hospital today? What about the thousands of nurses being graduated from our Catholic Hospitals this year? What does the future hold for them? They have the qualifications for convent life, at least the professional requirements for a Nursing Sisterhood. May many of them have the courage and the sufficient love of God to devote themselves to the religious life in the Medical Mission Field!

MALARIAL FEVER

By DR. HELEN LALINSKY, S.C.M.M.

The story of malaria throughout the ages is one fraught with vital interest and profound fascination to all who peruse not only early medical works but classical literature as well. Though the term *mal aria* (bad air) was introduced as late as 1753 by Torti in view of the popular idea that the infection was contracted by inhaling miasmatic odors common around swamps and marshlands, references to "periodic fevers" abound in the writings before his time. That the role played by this plague of humanity was tremendous cannot be denied. It is impossible to say just to what extent malaria is responsible for ruins of what formerly were populous and thriving cities. Even during the construction of the Panama Canal, that district was termed "the white man's grave" by reason of the prevalence of malaria and yellow fever.

In the fifth century B. C., Hippocrates, the Father of Medicine, wrote on periodic fevers, mentioning the quotidian (occurring daily), tertian (occurring every other day), and quartan (occurring every fourth day). Quartan and tertian types of fever were alluded to even earlier in an Orphic poem written about 1000 B. C., Deadrick states.

Paintings, frescoes and marble tablets still extant point to the fact that malaria was a dreaded disease jeopardizing numberless lives, mercilessly destroying armies and devastating nations. Excavated subterranean drainage passages bear witness that measures were even then instituted for the control and prevention of malaria. "The sanitarians of those days were on the right track even though working in the dark."

An event of paramount importance in the history of malaria is the introduction of Peruvian bark or *quinquina*

(local term denoting "bark of bark") in the treatment of periodic fevers. Markham says: "The remedy was unknown to the Indians in the time of the Yncas. It is mentioned neither by the Ynca Garcilasso nor by Acosta in their lists of Indian medicines, nor is it to be found in the wallet of itinerant native doctors, whose *materia medica* has been handed down from father to son for centuries. It appears, however, to have been known to the Indians round Loxa, a town in the Andes, about 230 miles south of Quito."

As early as 1600, a Jesuit is said to have been cured of fever at Malacotas, near Loxa, in the present Ecuador, by bark administered to him by an Indian. The virtues of the bark remained secret until revealed by an Indian to Canizares, the Corregidor of Loxa. It was the latter, who in 1638, sent a parcel of the bark to the viceroy's wife, Ana de Osorio, Fourth Countess of Chinchon, who was ill with a tertian fever. With the sample, Dr. Don Juan de Vega, her physician, effected a rapid and complete cure.

The Countess, whose ancestor, according to Padre Morote, was a son of Nebuchadnezzor sent by his father with a colony of Jews to Spain, had accompanied her husband from Spain to South America where he had been appointed viceroy. On her return to Europe in 1640, she brought a supply of that precious, fever-dispelling, black powder from Peru to distribute it among the sick of her lord's estates and to make it known generally in Europe, Markham narrates.

"But it is not to be supposed, that an exotic drug, imported from so distant a part of the world, would at once be eagerly adopted in any country." There prevailed a strong prejudice which it took years to conquer. Numerous controversies appeared in the literature. Plempius, who also used his trenchant pen against Harvey's revolutionizing discovery of the circulation in 1618, was one of a number who vehemently disputed the efficacy of this drug. The biased attitude on the part of the Spanish physicians was, however, counter-

acted by the activity of the Spanish Jesuits, whose brethren in South America supplied them with large quantities of the drug, and who did praiseworthy service in introducing the bark and spreading a knowledge of it.

Innocent X (1574-1655), at the intercession of Cardinal de Lugo, ordered that the nature and effect of this bark be examined, and when the Pope's first physician had reported it was both innocent and salutary, medical opposition gradually abated. But even as late as 1683, fifty years after the first introduction of Peruvian, or as it was also called, "Jesuit's Bark," into Europe, Gideon Harvey, M.D., Physician to His Majesty, wrote in London: "After all, I could wish these Fathers had kept their Indian Bark to themselves, and sure I am, hundreds would be on this side of the Grave, whose Bones are now turned in their first element." This same doctor expressed doubt as to the true source of the drug, believing it to be artificially prepared by permeating the bark of some useless tree with the juice of an ineffectual plant, and further adulterating it by mysterious incantations pronounced over it by the Jesuit missionaries. But regardless of adverse criticism on the part of some, its use spread more and more widely until even those who had originally taken an obstinate stand were forced to admit its merits.

After having studied and described the plants sent him from Peru, Linnaeus, the renowned Swedish botanist, gave the name of chinchona to the genus as a tribute to the noble lady who introduced it. Scientists later explored the forests of the region and discovered many new species of chinchona. To-day, its cultivation is indeed widespread. Methods of preparation of the crude drug were perfected and in 1820 Pelletier and Couventou isolated the alkaloid, quinine.

As an army surgeon in Algeria, Alphonse Laveran of Paris (1845-1922) discovered the parasites of malarial fever in the blood of patients suffering from that scourge. Measures of prevention could not yet be instituted since the means

of transmission remained a mystery. It is stated that natives of Central Africa applied the same term to the mosquito as they did to malaria. Lancasi in 1717 was probably the first to express the thought that the infection may be transmitted by the mosquito. Emin Pasha appreciated the protection a mosquito net afforded against the disease. The definite role of the mosquito as an intermediate host was established by Sir Ronald Ross while in the Indian medical service. These stupendous discoveries of protozoal disease and its transmission by the "dapple-winged" mosquito "made for us a pathway to the ends of all the earth." It began man's control of the tropics. The work of Ross was confirmed by Italian workers, Bignami, Bastianelli, and Grassi, during the closing years of the nineteenth century, and by experiments by Sir Patrick Manson on his own son. The painstaking and thorough work executed by Ross in his efforts to reduce "this sovereign of a vast domain" and the institution of measures for its prevention won for him the Nobel Prize in 1902.

The causative agent of malaria is the *Plasmodium*, a protozoon—i. e., a unicellular organism of the animal kingdom. Various forms of the parasite occur setting up different types of fever in the individual afflicted. *Plasmodium malariae* produces quartan fever; the *Plasmodium vivax* produces a tertian type, and *Plasmodium falciparum*, the subtertian or quotidian type of fever. Although three distinct parasites exist, yet all live, grow and reproduce in the body of man and in the body of the mosquito in a similar way. The parasite is carried into the body of man by the *Anopheline* group of mosquitoes and can be contracted in no other way. The infected female mosquito (only the female bites) conveys the parasite by its bite to the blood of man. The protozoon undergoes certain changes both in the blood of man and in the body of the mosquito.

The asexual cycle (schizogony) occurs in the blood of man. Once in the blood stream, the parasite penetrates a

red blood corpuscle, grows and multiplies, feeding on the cell until it bursts its confines and liberates a progony which in turn enters more red blood corpuscles. This explains the severe degrees of anemia which accompany malaria. Not all the liberated forms attack other red cells because antagonistic agencies of the body very fortunately destroy most of them. At each liberation of these bodies, or merozoites, the patient suffers a violent chill which may last several minutes, the time of occurrence varying with the length of the life cycle. The temperature rises to 104° and may remain at that height for four to five hours. Profuse sweating may occur after the fever.

In addition to the above asexual reproduction, a sexual cycle (sporogony) occurs but only in the body of the mosquito. Sexual forms or gametocytes are produced which remain passive, do not reproduce in the body of man and do no harm there, dying within two to three weeks, yet new ones are being constantly formed. These gametocytes do not develop until the blood is sucked into the body of a mosquito. In the stomach of the latter, fusion of the male and female gametocytes occurs with a resultant fertilized zygote. The zygote by virtue of its assumed amoeboid power passes through the stomach wall of the mosquito and lodges on the outer surface of the stomach within the abdominal cavity. It increases in size and contains many spindle-shaped bodies. The cyst finally ruptures and these bodies, called sporozoites, are freed into the abdominal cavity, some of them being carried up to the salivary gland and injected into the next individual bitten. Then a repetition of the above cycles occurs.

The genus of mosquitoes incriminated in the transmission of malarial fever is the *Anopheles*. Not all species of this type are responsible. In 1933, Ramsay stated that in Assam out of twenty species of *Anopheles* only one was identified as being responsible for malaria.

It may be generally stated that these insects are night feeders. There is a saying that he who does not wish to die

young must neither see the sun rise nor set in Sybaris.* It is accepted that those persons who keep themselves protected from sundown to sunrise will escape infection. Under certain circumstances, as in a dark, thick jungle or in a dark room, the mosquitoes may bite during the day. A few species are thought to bite during the day.

How does one distinguish the *Anopheles* mosquitoes from others? The resting position of the *Anopheles* is characteristic and is itself sufficient to differentiate them from other groups. The body, instead of assuming a parallel position with the resting surface as in the common mosquito, is seen to be at an angle of 45° to it. The proboscis, head, thorax, and abdomen form a straight line, while in the *Culex* (the common American mosquito) the line of the abdomen forms an angle with that of the head, neck and thorax.

The favorite haunt for egg-laying is in water—not foul and muddy, but clear pools as in desert oases and those plentifully supplied with greens. Sluggish streams and backwaters where no fish prey on the larvae and where there is no agitation of the water by winds, and puddles of water which form after the rains, are frequented for breeding purposes. In the recent epidemic in Ceylon, elephant hoof-marks formed little pools which made ideal breeding places. The eggs develop into larvae which swim about and feed; the adult mosquito finally emerges and makes its debut in the nearest huts adjacent to the breeding place and indiscriminately feeds upon the blood of children, adults and infected individuals. Without water, the serenade of the mosquito would be permanently silenced for the eggs perish if not deposited in it.

In regard to the treatment of malaria, Osler said many years ago: "The physician who at this day cannot treat malarial fever successfully with quinine, should abandon the practice of medicine." Until recently, quinine was the only

* An ancient Greek city in Southern Italy.

efficacious specific drug. Two new additions have been made, namely, plasmoquine which seems to attack the gametocytes primarily and has a predilection for the subtertian variety, and atebrin, an acridine dye. The position of these two synthetic preparations in the modern treatment of malaria can be inferred from the following excerpt from *The Lancet*, March 9, 1935: "The course of any new drug is bound to run through three distinct phases, not unlike those of larva, pupa, and imago. As a larva introduced by the inventors, it shows great promise and is widely acclaimed; the bystanders see many virtues and no faults. After an active life it reaches a pupal stage—a stage of metamorphosis, a time of obscurity and doubt. This is a period of vilification; the critics will say nothing good; the virtues have become vices and every evil habit is mercilessly exposed. Finally, the now established remedy staggers out of its chrysalis almost ashamed to spread its wings. Of the two synthetic antimalarial drugs, plasmoquine has passed through all these evolutionary stages and has emerged rather tattered, whilst atebrin has now entered the second and critical phase but on the whole seems likely to be the more perfect insect."

Though the broad principles of malaria propagation have been known for a third of a century, prevention of malaria is still a perplexing problem. Malaria continues to reign unquestionably as king over tropical diseases. Leslie estimates the mortality in India alone from malaria at 1,130,000 annually "in an ordinary malarial year—and as in such a year it is not a very fatal disease; this number of deaths represents an enormous amount of suffering and loss of labor, often at a time when labor is of most value."

The chain of malaria perpetuation consists of:

(1) The *Anopheline* mosquito.
(2) The infected individual (clinical case or carrier).
(3) The susceptible human host.

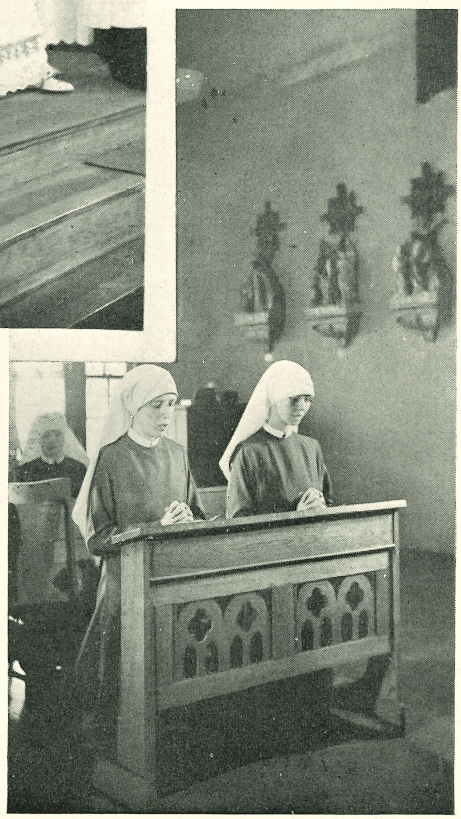
If we could break the chain at (1) or (2), malaria eradication would be readily accomplished. "Don't infect the mosquito and the mosquito can't infect you." Measures for the extermination of adult mosquitoes include spraying, fumigation, trapping, poison baits, and increasing their natural enemies such as bats, lizards, dragonflies and insectivorous plants. "Species sanitation" may have to be done—an attack limited to that or those species known to carry malaria, after discerning the life history, habits and breeding places. Breeding places should be destroyed by drainage, clearing, elimination of leaks, salting or altering the composition of the water, etc. Destruction of larvae in puddles and stagnant pools is effected by the use of oiling, paris green, soluble larvicides, agitation and introduction of larvivorous fish. An example of the efficacy of the latter was recently shown in Krk, Rab and Pag, islands of the Adriatic off the coast of Yugoslavia. The introduction of larvivorous fish, *Gambusiae*, in 1924, into cisterns, shallow ponds and in larger lakes resulted in a striking fall in the disease. It is claimed by Gibbons that the immunity of the Barbadoes from malaria is due to the presence of the *Girardinus poeciloides*, popularly known as "millions." These small fish having such potent larvicidal properties abound in the waters there.

Christopher and Stephens report that there are villages and districts in India, and similar ones have been reported in Italy by Celli, which though surrounded by highly malarious country yet have no malaria. They advance the idea that perhaps the mosquitoes feed on some local substance fatal to the parasites. Surely this is a challenging field for research, and who knows but such endeavor may prove to be instrumental in dethroning this long-reigning, tropical tyrant.

Infected individuals should be segregated and treated adequately and systematically with anti-malarial drugs. Education and propaganda can do much. Production of

"The Good Samaritan"

The Bishop of Patna, assisted by Holy Cross priests and seminarians—



And novices at Profession Ceremony for sound picture. See page 127.

The King's Jubilee Medal

Was conferred on Sister M. Helen, superior of our Medical Missionaries in Dacca, India. See page 125.

"Everything goes on the head in India."

See article by Sister M. Laetitia, superior of Holy Family Hospital, Rawalpindi, page 131.

immunity against a protozoal disease such as malaria is quite a different affair from production of immunity against a virus or bacterial disease such as smallpox or diphtheria. It is true that some degree of immunity or tolerance is acquired after years of exposure to the infection even though the blood may show a rich infection with parasites. Some cases may show remarkable tolerance to malaria and yet themselves be an ever constant source of trouble in spreading the disease to other individuals. In order to eliminate latent carriers of infection, apparently healthy persons should be induced to go to physicians and have their blood examined for parasites.

The war against malaria should be carried out with persistence and assiduity. The utility of screening rooms, houses, conveyances, special clothing when exposure is necessary, and bed-nets should not be minimized. The prophylactic use of antimalarial drugs should not be forgotten. The prevention and control of malaria presents a vast field of endeavor.

But after all this talk of prevention, why could not the recent frightful epidemic involving one-fifth of the Island of Ceylon, and taking a toll of 38,000 lives, have been prevented? Dr. V. B. Wigglesworth, of the London School of Hygiene and Tropical Medicine, observed that malaria in that district is a river and drought affair; i. e., occurring mainly along the banks of the chief rivers and only after exceptionally low rainfall when the rivers are broken up into pools. When the rainfall in July, August, and September is above twenty inches, the year is healthy. The particular species prevalent in this epidemic was the *Anopheles culicifacies* whose breeding is the more prolific the more drought there is. Because the year 1934 was one of exceptional drought in Ceylon, circulars were dispatched to the health officers there at the end of September warning them of the likelihood of an epidemic. A fortnight later, a definite increase in dispensary attendance was noticed. These outbreaks occurred along river banks.

When occasional heavy rains occurred in October, many temporary pools, and, therefore, breeding places were created. The next two months were dry. Conditions more perfect for the breeding of swarms of these insects could not have been devised. The attendance at dispensaries in some areas rose from 300 a week to over 4,000. Dr. Wigglesworth said that to prevent the breeding of *Anopheles culicifacies*, over 300 miles of river and an indefinite extent of tributary streams and temporary breeding places would have been a far vaster undertaking than has ever been attempted for the control of rural malaria, and its cost would have been prohibitive. The rivers were too broad for periodic sluicing by dams. The control of rural malaria in general is a problem demanding the cooperation of all government departments, not medicine alone. Only too true are Blacklock's words: "Research in tropical medicine has progressed so rapidly in recent years that it has outstripped application."

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But though many members of the Society founded by Gokhale have since specialized, and are still specializing, in political service, by no means all have done so. The present President of the Society, for instance, Mr. G. K. Devadhar, is entirely devoted to Social Service and has never taken any part in politics. His special aim is to serve the women of India and in pursuit of this aim, he has created one of the greatest and most beneficial organizations in India for the uplift of women—the "Poona Seva Sadan." The origin of this institution Mr. Devadhar himself describes thus:[21] "While engaged in famine relief in the United Provinces, my conviction grew that India needed just as much an army of trained women workers in various fields of national advance, as men. . . . On my return to Poona, I called a dozen small meetings of friends, both ladies and gentlemen, who would feel interested in this idea and these meetings resulted in a resolve to undertake the education and training of half a dozen poor widows as social workers." This work was started in the house of Mrs. Ramabai Ranade, the widow of the great reformer, and she remained until her death in 1924 President of the new society which was definitely launched in 1909—with "life workers" and a staff of other devoted workers, much after the style of the other societies already referred to by me. To Mr. Devadhar belongs the great merit of having broken down the prejudice in orthodox Hindu circles against what seemed the preposterous idea of respectable women and girls serving in hospitals as nurses indiscriminately to men and women of all classes and castes. He sent, in 1911, two young ladies to the great hospital in Poona for training, and from this small start, made with the greatest diffidence and difficulty, has sprung the magnificent result today: the breaking down of age-long prejudice, the opening up of new avenues of usefulness to the once useless Hindu widow, the relief of suffering and bruised humanity. In 1928 the Society, in Poona alone, maintained a hostel for 38 probationer nurses, another hostel for 25 junior medical women students and a third one for 24

[21] See Mahatma Gandhi's article in *Young India* of March 4, 1926.

senior students. In addition, at the Seva Sadan itself, women were trained in public health work and an ante-natal clinic and baby welfare centre were opened there. Besides, there is the training, both literary and industrial, given to adults and children: training college, practicing school, workroom, school for social workers, etc.—and what is more, branches of the institution have been opened in a dozen other towns, including Bombay, Madras and Nagpur. Altogether the activities of the Society are now extended to about 1,500 women and girls—and as all their maintenance has to be met by public charity, one can imagine the resourcefulness, energy and organizing talent of a man like Mr. G. K. Devadhar. What is more: think what revolution in Hindu thought must have been effected to make such generous giving and sustained charity possible! Obviously, similar and even far more extensive works of charity have been undertaken by the Christian Missions in India; but in their case, Hindu Society has only been touched from the outside; it has accepted, but not given; the ever-present fear of conversion has never made it possible for Hindus to give themselves *sans arrière pensée* or to enter body and soul into any action which is under the auspices of Christian missionaries. The Seva Sadan itself is the best proof of this fact: for it was really the taking up of a work inaugurated by a Christian lady, Pandita Ramabai Sarasvati, who, born in 1858 and becoming an Anglican in 1883, had started a "Sharada Sadan" in 1889 as a home for widows in Bombay and later on in Poona: an institution which broke up completely in 1893, owing to the fact that one or two of the inmates had embraced Christianity! Pandita Ramabai thereafter was sidetracked in a great Protestant women's refuge, which, good as was the work it did, could never exercise any direct influence on Hindu Society as such. To leaven the latter a Devadhar, a Karve, a Gokhale, a Ranade, are needed: the missionaries have set up a standard and given an example; they have emitted great, but invisible, beams of spiritual power which have set going in distant and often, by them, unknown receivers a music which their own ears would never hear. Mr. Devadhar, at all events, is one of those Reformers who, unstintedly and publicly, recognize the great work of initiative done by Christian Missions in this and other fields of public service: in fact, his own official designation of the Seva Sadan is "a Mission to the Women of India"!

Another member of the Servants of India Society, who has launched a great separate organization, is Mr. N. M. Joshi, who, in fact, must be hailed as originator of the modern trade-union move-

ment in India. The matter goes back to the *Holika Sammelan* of 1911, an attempt made to supply good and healthy amusement to the lower classes of Bombay on the great *Holika* Spring festival, which hitherto had been an occasion for much rough horseplay and obscenity. The excellent results achieved made the organizers loath to disband the volunteers who had come forward to help, and this led to the formation of the "Social Service League" of Bombay. It was founded "to collect and study social facts and discuss social problems with a view to forming public opinion on questions of social service"; and its endeavour was to be "to secure for the masses of the people better and reasonable conditions of life and work." Within fifteen years (the last report I have before me) they had come to 17 night schools for 760 adults (of whom 251 were Moslems, 85 "Depressed Classes" and 5 Christians) 3 free day schools for half-timers in the mills, 11 libraries and reading rooms with a daily average of 200 readers and two day-nurseries. They had organized over a hundred cooperative societies, they did Police Court Agent's work, gave legal advice and wrote petitions for the illiterate, they arranged fresh air excursions for slum-children and provided six gymnasia and three theatrical stages for the recreation of the working classes; they did sanitary work, gave medical relief in three dispensaries to nearly 20,000 outdoor patients *per annum,* and had started Boys' Clubs and a Scout's Corps. It is obvious that the emergence of a modern trade-union movement could but be a question of time. In 1890 indeed a "Bombay Mill-hands' Association" had already been formed and Lokhande, the moving spirit, issued until 1898 a workmen's paper, the *Dinabandhu:* but nothing lasting had come of that. It was towards the end of the War, when the price of all necessaries of life had risen to giddy heights, that the first industrial strikes broke out in Bombay: and most of the Trade-Unions came into existence as a consequence, between 1918 and 1922. But what really provoked the birth of a proper, modern trade-union system was the Versailles Treaty and its creation of the "International Labour Organization" at Geneva. Mr. R. R. Bakhale (who as Mr. Joshi's able lieutenant has chronicled these events)[22] says: "The working classes in India did not fail to realize the importance of the right that was bestowed on them and the harm that would be done if they did not organize themselves in order to exercise that right." Mr. N. M. Joshi seized the opportunity thereby presented and thus created in 1920 "The All-India Trade

[22] In his "Directory of Trade Unions" (Bombay, 1925) p. 1.

Union Congress," to which, within five years, 40 trade-unions with 100,000 members had become affiliated. This Labour Movement was wisely guided by Mr. Joshi and produced excellent results, after the manner of the British Trade Union Movement. Sad to relate, Communist mischief-makers have in the last few years found entry in the ranks of these Indian labour organizations and when, at the annual Congress in 1929, these elements carried a resolution to affiliate the All-India Federation (founded by Mr. Joshi) to Moscow, Mr. Joshi and all his adherents withdrew from the packed meeting. Since then, things have been at sixes and sevens in the Indian labour world, and if ultimately Labour in India will be brought back to safe and sane policies, it will be largely the merit of this "Servant of India," who is actually hard at work at this task.

Whilst Mr. Joshi's centre has always been Bombay, another branch of the Servants of India Society, that at Allahabad, has there also undertaken Social Service work, but in another direction. Mr. Shri Ram Bajpai has specialized in an entirely indigenous Boys Scout's Organization (parallel to that of Baden-Powell's),[23] the "Seva Samiti," and out of this has grown organized social service at the great religious pilgrimage centres. For instance, at the great Kumbha Mela of 1927, when half a million pilgrims were crowded together at Hardwar, the Seva Samiti had organized a band of 1,500 volunteers who rendered the utmost assistance in regulating the traffic and the bathing of the assembled crowds. Few non-Indians have a conception of the colossal number of pilgrims who are constantly on the road in India to visit some shrine or other, and their often very insanitary methods make them not only an easy prey to, but, still more, carriers of every contagious disease.

Another development I must mention before leaving the Servants of India Society, and that is the "Bhil Seva Mandal," founded by Mr. A. V. Thakkar in 1922. The Bhils are an aboriginal hill tribe of Gujerat and for them Mr. Thakkar has organized what he himself calls "a Mission." Having done famine work amongst them in 1919, he conceived the plan of devoting himself entirely to the uplift of these sorely exploited people, and he has since lived amongst them in a more than even Franciscan simplicity. To date, he has started half a dozen centres amongst them, each in charge of a worker, running

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[23] Which flatly refused at that time to admit Indians. For some pungent remarks on this egregious folly of the English cf. Edwin Montagu's "An Indian Diary" (London, 1930, pp. 95 and 97).

a school, preaching abstinence from alcohol (drunkenness is the Bhils' besetting sin!), dispensing simple medicines, and generally befriending them and protecting them against the usurer of the towns and the petty officials of the Government. In 1925 Mr. Thakkar had 34 helpers, and in his schools 500 Bhil children. Of these helpers, not a few are now themselves Bhils: all bind themselves for three years' selfless and self-denying service in these wilds. When I visited this "Mission," one of these assistants of his was the son of a Bombay millionaire, who had heard this call for service and had willingly exchanged his luxury for these very real austerities. . . .

I do not apologize for having lingered so long over developments in Maharashtra. Not only do I know them best, from personal experience, which therefore may be of some value, but it seems to me also that the course of this great Hindu Renaissance in Western India is of, to us, greatest interest and of most abiding effect to India. But it is time to turn to the rest of India: indeed, with Mr. Thakkar's "Bhil" Mission, we have already arrived in Gujerat. There, the Brahmo Samaj influences had likewise been at work, as elsewhere in India, and a "Prarthana Samaj" was formally established in 1871 in Ahmedabad, the capital of Gujerat, which ranks only second to Bombay as a great industrial centre, and which—like Bombay—is conspicuous for the number of rich mill-owners who at the same time are generous philanthropists. Temperamentally, Gujerat may perhaps be said to stand half-way between emotional Bengal and business-like Maharashtra: the two outstanding modern Reformers it has produced, Dayanand and Gandhi, certainly have far transcended the bounds of their own province and made a nation-wide appeal.

Dayanand Sarasvati (1824-1883) is the first of the men referred to in this study who has never known the English language: and this fact places him straightway into a new category. As Brahman, he devoted himself to Sanskrit and, besides Gujerati, he also knew Hindi: but he never had any modern Western education at all. From 1845 to 1860 he was just one of the innumerable Hindu ascetics who traverse Hindusthan in every direction, engaged upon an everlasting pilgrimage. At the end of this period of growth, his ideas had become clear: polytheism, the use of images and the taboos of caste were un-Vedic and he was called to restore the pure Vedic Religion of the Aryans. He now began to preach his new doctrine and was particularly fond of disputations with orthodox Hindu, Moslem and Christian theologians. In 1872 he was in Calcutta, connected with the Brahmo Samaj there; two years later, back in Bombay, he kept in

touch with the Prarthana Samaj, but published a great treatise, *Satyartha Prakash,* which expounded his standpoint and revealed it as a doctrine *sui generis.* In the following year indeed he organised, still in Bombay, his new sect, which he called the "Society of Arians" (Arya Samaj): but in 1877 he transferred his headquarters to Lahore, the capital of the Punjab, which has ever remained the real home of this sect.

In Lahore a Brahmo Samaj had been started already in 1863 and it seemed likely to take root there, as Sikhism had in many ways prepared the way for it. But Dayanand's Arya Samaj overwhelmed and absorbed this movement: in this he was more successful in the Punjab than in his own Province, for, according to Parekh,[24] Dayanand had already tried to capture the Prarthana Samaj of Ahmedabad and to convert it into an Arya Samaj, but had failed. Whilst most of the Brahmos in Lahore became Arya Samajists, a very prominent member, Satyanand Agnihotri (born 1850) went his own ways altogether and in 1887 founded a "Samaj" of his own, the "Deva Samaj," which combines with the other usual features of Indian Reform Movements—i.e. social reform and service, educational and charitable enterprises, etc.—the very unusual one of being militantly atheistic! Its centre has remained Lahore and in the Punjab, 3,597 people returned themselves at the last census as "Deva Samajists." [25]

Reverting to the Arya Samaj, this society has developed into a by no means unimportant and quite distinctive sect. Its doctrine borders on the grotesque and may be summed up as the assertion that the Vedas, as interpreted by Dayanand, contain all the Truth. This interpretation of his, let me hasten to add, is not only opposed to all traditional Hindu, but equally to all Western Sanskritist exegesis, as indeed to all commonsense. It is a curious amalgam of rationalism, utilitarianism, nationalism and Hindu traditional ideology. Images are prohibited with a Puritan, iconoclast ardour: but a daily sacrifice of butter in the hearth-fire is enjoined. The cow is sacred, but caste is wrong. Alcohol is evil *per se:* on the other hand, marriages must not be entered into before the age of 25 (resp. 16) of boys and girls. Polytheism is quite wrong and "un-Vedic": but Christian and Moslem monotheism is equally false. As will be seen, we have here a

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[24] l. c. p. 226.

[25] Glasenapp (l. c., pp. 36 ff.) analyzes the tenets of this small and unimportant society in detail. They are interesting as example of Western Rationalism at work in India and turned into a religion!

curious mixture of true and false, of what is statesmanlike and what childish. The principles he laid down for caste, for instance (viz. that a person's profession must not be determined by birth, but by fitness, and that a marriage likewise must not be fettered by caste-taboos, but be left to the free choice of the contracting parties) are eminently sensible and have done really yeoman service in the uplift of the outcastes, to whom the Arya Samaj has come as a true social deliverer.

The Arya Samaj was meant to realize the ideal of unifying India, nationally, socially and religiously. Dayanand saw especially in Islam a factor of permanent discord in India, and his followers have been foremost in reclaiming "lost" Hindus and making Hinduism aggressive. Physically very big, Dayanand delighted, also mentally, in taking the offensive: in this he was usually very rough, even often coarse, and always eminently "popular." His arguments were those of a semi-educated person and in virulence equalled those of the most bigoted and obscurantist Orangemen: in fact, Dayanand has coined the word *pop* in Hindi (fr. "Pope") to designate any minister of religion who lives an easy life at the cost of the adherents he gulls! Glasenapp [26] cites an amusing instance of the amazing exegesis of the Vedas, propounded by Dayanand: where others are satisfied to translate Rigveda, 1, 2, 7 as follows—"I invoke Mitra and Varuna for the success of my poem"—Dayanand loftily informs his adherents that it means that water is generated by the combination of Hydrogen and Oxygen! If he is capable of such puerilities in the case of Hindu Scriptures, one can imagine what treatment Bible and Koran (both of which he only knew in Hindi translations) received at his hands. His method of insulting and rendering suspect his adversaries has naturally not spared Christian missionaries, and much of the current popular prejudice against Christianity has been created or at least fomented by Dayanand and his disciples. I quote in this connection Dayanand's commentary upon Mt. 4, 19 ("Faciam vos fieri piscatores hominum"): "This is the prototype of Christian missionary activity, which aims at catching men. Just as a man who can catch much fish becomes thereby famous and rich, so also does a Christian missionary acquire a big name and fortune, if he can entrap many Indians." It is obvious that Christian Missionaries have, as a consequence, not exactly looked upon the Arya Samaj as their

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[26] l. c., p. 20. This author gives a very good idea of the sect in this little monograph of his, which I have largely followed in the above.

greatest friends: perhaps even have they not as a rule done full justice to the good of which this movement has undoubtedly also been productive. Dayanand wanted to end the distressing disunion of India: to make India socially one, he wanted to eliminate differences of caste and class; to make it religiously one, he wanted to substitute his "Aryan" for all other religions; to make it nationally one, he wanted to emancipate it from foreign rule. The modern *Sangathan* tone given to Hinduism (to which I have already alluded) is undoubtedly largely due to his influence: that, however, this is merely giving "tit" for the traditional Moslem "tat" must likewise be admitted. With him rowdyness has entered Indian public life: Tilak merely carried on the lines Dayanand had inaugurated.

But I repeat, the Arya Samaj has done excellent work in social reform, and after its founder's death, even for higher education. The "D. A. V. College" founded in 1886 in Lahore by Lala Hansraj and the "Gurukul" of Munshi Ram at Hardwar (founded in 1902) are both very fine institutions, the former of the modernizing, the latter of the strictly indianizing, schools of thought which have developed within the Arya Samaj. These two institutions are intended to supply leaders to the movement, which otherwise has remained un-intellectualist and with a special appeal to the broad masses. In this respect it is at the opposite pole of the Brahmo Samaj and at the last census (1921) it could count 468,000 adherents who returned themselves as such. Of these 451,000 belonged to the North (Punjab, U. P. and Kashmir), in the rest of India, therefore, the sect remains meagrely enough represented. The Arya Samaj has produced a politically very militant type of Hindu ascetic: of these the best known, Shraddanand, fell three years ago—the victim of a Moslem fanatic's knife! Sowing the wind, they obviously are apt to reap the whirlwind. . . . Another very prominent member of the Arya Samaj was Lala Lajpat Rai (1865-1928), who after a stormy political career and a five years' exile in the U. S. A. returned to India in 1919 to found in Lahore the "Servants of the People Society," which, as he[27] himself admits, he modelled on the pattern of Gokhale's more famous society. He coupled with this the "Tilak School of Politics," for which he copied the American Socialist "Rand School of Sociology" in order to do for political extremism what Gokhale had done for Indian constitutionalism. Though doing incidentally fine work for the uplift of the

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[27] See his "First Report of the Servants of the People Society," Lahore, 1927, p. 13.

so-called "untouchables" and for social reform in general, "Lalaji," as he was familiarly known throughout India, lacked both the clear ideas and ideals of a Gokhale, and his lifework, more than that of any other modern Indian leader, seems, therefore, doomed to be but the transient effort of a single individual.

Quite the contrary is true in the case of the other Gujerati whom I have already mentioned: Mohandas Karamchand Gandhi. In him moral ideas and ideals predominate to such an extent that many have maintained his complete unfitness as a political leader—an obvious fallacy. But he certainly lacks a norm for his conscience and often gives the impression of mistaking the trivial for the important: in fact, with all the admiration one necessarily must have for a really great man like him, one often enough has the uneasy feeling that he has only just missed being a mere crank. Born in 1869, he came in South Africa under the spell of Tolstoyism, which has left its abiding mark on him and all his activities. These latter demand a monograph in themselves, but as many such have already been written and made accessible to a Western public, it is not necessary for me to enlarge on them here. Suffice it to record, for completeness' sake, that the Mahatma himself looks up to Gokhale as his *guru* ("spiritual teacher"), who, however, advised him rather to start on a line of his own than try to fit himself into the existing framework of the "Servants of India Society." Thus was started his "Satyagrahashram" in Sabarmati, a suburb of Ahmedabad: and the *satyagraha* [28] of this marvelous "great soul" holds still the stage of all Indian contemporary history. May I here only point out still how much Mahatma Gandhi is in the true line of all these Modern Indian Reform Movements: how he, too, fights against untouchability, drunkenness and pauperism; how he, too, has started a trade-union movement and a "National University" of his own at Ahmedabad; now, though being an intensely religious man (a Vaishnavite), he, too, has laid his emphasis on the practical work of social service and of politics; how he, too, has founded an order and is himself an ascetic—though in his rigorism Manichaean traces, elsewhere absent, are noticeable. In all this, I say, Mahatma Gandhi, to be understood, must be placed in the true perspective of the Indian Renaissance of the past hundred years, and not, as is so often done in the West, be considered as a unique personality dropped from the skies.

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[28] I have tried to explain this term and to give an idea of the Mahatma's mentality in the *Bulletin des Missions* of June, 1930.

The Society at Home and Abroad

Archbishop Hinsley

On the feast of St. George His Excellency, the Most Reverend Arthur Hinsley, was solemnly enthroned, with all the pageantry of the Ages of Faith, as the fifth archbishop of Westminster.

The Society of Catholic Medical Missionaries takes this first opportunity to express publicly its homage and obedience to His Excellency because, as Archbishop of Westminster, the distinguished Churchman is the ecclesiastical superior of our London foundation, Mater Christi House, Osterley.

In the Archbishop's first address the following program was outlined: "Our home policy is Catholic action, our foreign policy is missionary action." This missionary policy singularly befits one who, like His Excellency, has traveled 150,000 miles on papal missions to the field afar.

That the new Archbishop of Westminster has seen personally the need of the apostolate to women and in particular that of medical missions conducted by sisters is clear from His Excellency's report on Africa:

"The great opportunity of the Church lies especially in the rescue of womanhood. . . . Here we have our power. No others, no Government, not the sects, can wield the heroic might of our vowed and consecrated sisterhood. . . . Moreover the heads of our missions recognize the absolute necessity of having a staff of missionaries, particularly of sisters, who can help to stem by skilled care and scientific methods the awful ravages of disease among the African people."

We note with enthusiastic gratification these missionary features of Archbishop Hinsley's program, so consonant with those of his saintly predecessor, Cardinal Bourne, who was associated with the beginnings of modern Catholic medical

missions and, hence, was the beloved Father of our London house.

Dr. Helen Lalinsky, S.C.M.M.

A very definite step forward was made by the Society on June 5, 1935, when one of the sisters graduated from the Woman's Medical College in Philadelphia and received her medical degree. This is our first member actually to take up the study of medicine after entering our ranks.

Dr. Helen Lalinsky came to us in 1927 after working as a technician at Mercy Hospital conducted by the Sisters of Charity of St. Augustine of Canton, Ohio. Her pre-medical studies were made at Trinity College, Washington, D. C., and her medical course at the Woman's Medical College of Pennsylvania, where she was awarded the Julia P. Harton Memorial Scholarship. For the past four years while pursuing her medical studies, Dr. Lalinsky enjoyed the hospitality of the Sisters of St. Joseph at the Catholic Home, Philadelphia. After she completes an internship at Misericordia Hospital, Philadelphia, Dr. Lalinsky will devote her life and profession to the care of the sick in the foreign missions.

The King's Jubilee Medal

His Excellency, the Most Rev. Timothy Crowley, C.S.C., who in 1930 invited the Society to start Medical Mission work in the diocese of Dacca, Bengal, writes about the recent work of our sisters as follows: "Their success in caring for the sick and in training native nurses and midwives in Dacca City has been gratefully signalized by the award to the Sister Superior of the King's Silver Jubilee Medal."

Sister M. Helen, the superior, whose home is in Navarino, Wis., graduated from the Deaconess Hospital and St. Mary's Maternity Hospital, Buffalo, N. Y. She went to India in 1930 and together with Sister M. Laetitia started the Maternity and Child Welfare Center in Dacca, Bengal.

In the fall of 1933 Sister Helen was appointed Matron of the Mitford Hospital, which has a 450-bed capacity. Here the sisters have also been entrusted with the training school for Indian nurses.

Benefit Bazaar

The bazaar and card party of the Washington Medical Missionary Auxiliary is scheduled to take place June 22, 1935, on the grounds of the Motherhouse. As we go to press extensive preparations are still being made to make the day a big success. Many attractive booths and prizes have been planned by the various committees under the direction of the president, Mrs. J. Garver. The most notable feature of the event will be, of course, the raffling off of the valuable chair, donated by Mrs. Stewart.

Committees appointed are: Mrs. T. F. Finin, Mrs. F. Flanagan, Mrs. Jennings, Mrs. H. Callahan, in charge of cards and prizes; Mrs. J. Connell, Mrs. J. Morris, Mrs. A. Flouronoy, Mrs. J. Mauerer, Mrs. L. McCaleb, to supervise the cake and ice-cream booth; Mrs. J. Garver, Miss N. Mitchell, entertainment committee; Mrs. Thomas L. McNamara with the St. Gabriel's Unit, Mrs. T. J. Berney, Mrs. E. Reinohl, Mrs. H. Oberg, hot-dog stand; Miss M. Gracie, Miss E. Jamieson, Mrs. P. De Leon, Miss M. Stephens, fish pond; Miss M. V. Bryerton and the Medical Missionary sisters, the fancy-work booths; Walter Finin, Jack Connell, Ruth Finin, Helen Garver, Adelaide Flouronoy, Mary Catherine Connell, bingo table which was directed by Thomas Hanley.

Crusade Convention

Members of the Catholic Students Mission Crusade throughout the country are actively engaged in preparing for their ninth annual convention to be held this year at Dubuque, Iowa, from August 6 to 9.

National Headquarters, Crusade Castle, Cincinnati, Ohio, has promised an elaborate program. Mission confer-

ences, informal Round Table meetings, mission exhibits, business meetings for the crusaders themselves, an outdoor pageant in honor of Our Lady Queen of the Missions, social events, all these are scheduled to make this convention an unforgettable and glorious event for all zealous, mission-minded Catholics.

Many of the hierarchy, including His Excellency Archbishop Amleto G. Cicognani, Apostolic Delegate to the United States, Archbishop John T. McNicholas of Cincinnati, President of the Crusade, Rt. Rev. Msgr. William Quinn of N. Y., National Director of the Society for the Propagation of the Faith, and numerous other speakers of missionary repute have already assured Msgr. Thill that they accept his invitation to speak at the convention.

Father Mathis, as ever the friend of all students of the missions, is also on the list of special speakers for Wednesday evening, August 7. We hope all our friends, especially the crusaders will be there to greet us again this year.

The Good Samaritan

Under this title the Society of Catholic Medical Missionaries presents a sound picture of its apostolate. The picture was produced by the cooperation of many members and friends of the Society. Most distinguished among these are His Excellency, the Most Rev. Bernard J. Sullivan, S.J., Bishop of Patna, India, who made a special trip from Chicago to Washington to preside at the ceremonies included in the picture, and the Right Rev. Joseph O'Donohoe, Mill Hill, Prefect Apostolic of Kashmir and Kafristan, who photographed the Rawalpindi scenes.

The picture was written and directed by Father Mathis, assisted by Rev. J. Duross, Philadelphia, Pa. Charles A. Benson, director of plain chant at the motherhouse, arranged and conducted the music throughout. The Rev. Philip A. Schaerf, C.S.C., Holy Cross College, Brookland, D. C., was organist

for the Sisters' Choir, whilst the priests and students of Foreign Mission Seminary of Holy Cross, Brookland, D. C., not only produced the Bengali songs and prayers but also assisted at the altar during the ceremonies filmed.

The photography includes an India travelogue by the author, with contributions chiefly by Monsignor O'Donohoe, as noted above, and by Dr. Anna Dengel. Local scenes were done by W. F. Bischof, Washington, D. C. The picture was sounded by the Victor Animatograph Corporation, New York City.

The prologue is a pantomime of the Gospel story of the Good Samaritan. It was written and directed by Charles A. Benson. The actors were selected from Rev. Walter A. Plimmer's "Harlequins," Catholic University of America Dramatic Club, with Fritz Fuglister of Washington, D. C., taking the part of the Good Samaritan. An appropriate Palestinian setting was prepared for the prologue by the steam-shovels of the Sommerville Brothers of Terra Cotta, D. C., whilst Mr. Ricer, a neighboring farmer, contributed an Arab steed and a Missouri mule.

The picture itself is a travelogue by Father Mathis on his latest trip to India. It begins with a tour of mercy by Dr. Dengel on India's northeastern frontier, Assam, and devotes itself to the Society's work with the Holy Cross priests, brothers and sisters in the Dacca mission of Bengal and with the Mill Hill missionaries of Rawalpindi in the Punjab. On the return trip to Europe some interesting views of Gandhi aboard ship are included. The picture ends with views of the Motherhouse in Washington and a reception and profession ceremony which portrays graphically the religious character of this community whose ideal is "The Good Samaritan."

The Patient Comes to the Hospital

We went to Kurmitalla early last Sunday morning to see a patient. It is miles outside of our district but the people came for us, so we couldn't refuse them. Once before these same people had brought in a patient whom they thought was dying and after very simple treatment the patient made to all appearances a miraculous recovery. "We remember your marvelous treatment, last time," they greeted us, "and we pray Allah to spare you to us again."

The trip was a familiar one since we had been to the house before. Usually the midwives grumble if they are put to any extra trouble. However, they do enjoy a long trip to the country, so off we started. Recollections of the former journey were still in our minds—the long drive to the country, the hot three mile walk from the road to the house, and the walk back from the house to the car. This time fortunately the *gari-walla* (driver of the carriage) found a road nearer the house so that we had to walk only about a mile through the sugar cane and rice fields. When we arrived the whole village had assembled to offer their sympathy. They were a quiet and subdued crowd; even the pie dogs showed a shy and friendly interest instead of rushing and barking at us as is their usual custom.

Our patient was a very young woman but already the mother of five sons. Her condition was indeed bad but not hopeless. We hoped we would not have to take her to the hospital for her people were Mohammedans and in their eyes it is a very grave sin for women to be seen by men except those of their own household. Thus they live very secluded lives. Had she lived nearer the hospital we might have managed to take care of her in her own home. However, she was so weak that we had no other choice. . . . To the hospital she had to go.

Getting ready to go was an unforgettable ceremony. First they took a plank from the rice bin for a stretcher.

Then a long-drawn-out discussion took place on whether or not the rice bin would collapse before the plank was replaced. Some ran to the neighbors for rope, others made a bed on the plank, while a few more made their way into the jungle to procure bamboo poles. It was a rather sturdy stretcher when completed but it took them two hours to make it.

Then came the family's farewell accompanied by much weeping and wailing. Finally, we succeeded in getting the patient on the stretcher. Four men carried her, the entire village escorting us to the *gari.* They walked the whole mile through the flooded rice fields, leaving the foot path for us. It was a big day for Kurmitalla.

The seven mile gari-ride back to the hospital began in true Mohammedan fashion. The mother-in-law of the patient who was very much attached to her came with us. When we got out on the main road the *gari-walla,* a devout Mohammedan stopped the *gari* and began to close the shutters, one and all. The mother-in-law protested, so he left only the center doors open. This didn't suit her at all. She had to crane her neck too much to look out of the door! I opened the shutters for her myself and she was very pleased. The patient too, was interested in what was going on. Formerly, her chances of seeing things were few and far between. Now in spite of her troubles she proceeded to enjoy herself. The mother-in-law would say to her: "You bold hussy! Cover your face, have you no shame?" The next moment she would be weeping and kissing her, lamenting, "My poor darling, to think that you should have so much trouble!" The *gari-walla* had also been instructed to make stops along the way—there were more relatives and friends to inform—more tears and lamentations.

Through the country we traveled. Here and there were rows of funny jack fruit trees covered with huge fruit resembling stunted watermelons. On through Ramna we drove and then to the city with its evil smelling lanes, through the busy bazaars and finally to the hospital.

When we were entering the hospital the mother-in-law put her daughter-in-law's hand in mine and said, "This is my daughter, please cherish her as your own daughter."

6.30 p. m.! "Sister," said the charming little Indian nurse, "I knew you were bringing back a patient, so we have everything all prepared." She had heard the patient's father telling us about the case when he came for us early that morning.

Fortunately it was already dark. Often the Mohammedan patients after seeing the men doctors and students leave in disgust. These people were from the country; thus they wouldn't venture to go back home after nightfall since it isn't safe to do so. The daughter-in-law's baby was born early in the morning, 4 a. m., in fact. The little one only lived long enough to get its wings. The mother recovered and was soon able to go back to the village. The rejoicing at her safe return, I suspect, was equal to the tears at her departure.

HEAD WORK IN INDIA

BY SISTER M. LAETITIA, S.C.M.M.

Everything goes on the head in India. It is about the only way that anything is carried, with the result that one sees the most ludicrous burdens travelling along on the Indian cranium!

An earthenware jar, full of water, which looks as though it had stepped directly out of a bible picture, is perhaps one of the commonest sights. Sometimes its balance may be assisted by a shapely brown arm, ending in a long, slender hand the fingers of which will surely be covered with metal or silver rings! More commonly the pot just stays in position of its own accord, owing to the perfect posture of the carrier as she sways a graceful, unerring way along the ruts of an Indian bazaar, tumbling with babies, pie dogs and the various other accessories of a native street.

A pile of cow-dung cakes, which will be used to cook the evening meal of curry and rice, is another ordinary sight. These are not quite as abhorrent a burden for the top of one's head as they sound, for they are dried out in the sun first.

In its sodden state one may often see a bucketful or a basketfull wending its way along on somebody's topknot. In this state its destination will be the walls and floors of the mud hut, over which it is spread in a thin layer, which may be about to be used as a home-operating room. The reason of this is that it is considered to be a very good antiseptic (by the illiterate and a good few others) and before the barber (!) comes to perform an operation or the *dhai* to do her worst, the place is usually cleansed from top to toe with a delectable mixture of mud and cow-dung—which is a bit better than not being cleaned at all or isn't it? And even if, in some parts, the unhappy patient does lie on the floor, almost next to the cow-dung, or quite next to it (sometimes there is a piece of old sacking under her), still they do not all die of tetanus—only a few!

This fragrant burden has another use:—**medicinal!** It is used to apply to all kinds of cuts and sores and wounds and has *great* healing powers?

To see a form coming along the road with its head entirely hidden from sight by a large flat, open basket of quacking ducks or clucking hens, viewing the world from this vantage point and now and then loudly expressing their feathery views on life and trying to take a nip at the face or neck of the unfortunate "murghi walla" below, is a daily occurrence.

One of the things that must be most difficult to hold in place is a long, oval-shaped, kind of a squash called a kurd. On a western head it would roll right off and probably carry away the conveyor's front teeth or the tip of his nose in the descent. Not so on the Eastern head—there, all the laws of gravity seem to be suspended and the most unheard of articles retain their precarious position.

An egg, or two, just placed on the head at random will stay there for miles, though one wonders what, between stale hair-oil and a blazing tropical sun of 120 F. or more, will have happened to the egg by the time it reaches its journey's end. On meeting such an egg one always gazes hopefully eggwards in the expectation of seeing a little, yellow head emerging from the shell.

Darjeeling is the place for burden monstrosities. There the coolies carry enormous stacks of such high, light baskets that they are at least twice as tall as the men themselves and present a most astonishing sight. The women there are also very picturesque and carry huge loads on their backs which are supported by bands tied around the head; they also carry their gurgling, rosy-cheeked, slant-eyed babies in the same way.

Sunlight soap is very popular in India and one often sees half a bar of it, on a head, sailing along the bazaar. Last night a piece of it floated out of the hospital gate in this way, and great was the *mehtrani's* surprise this morning when she found the soap that had been given out for the day's work missing—but—it was on *her* head that it left the compound last night.

A box of matches, a solitary cigarette, a bit of native bread, or a yard or two of cloth are all carried in this way.

At the stations one sees impossible burdens on the poor coolies' heads—three, four, five suitcases and maybe a large roll of bedding on top of that. One feels desperately sorry for them (though they are very troublesome, with their constant demands for unlimited bakshish, over and above their "coolie fee"). And yet they seem happy—singing and whistling or sleeping in between trains, and seeming to think nothing of their hard work. What an enviable place they would have in heaven if only they knew enough to offer their hard life to the greater honor and glory of God.

Current Medical Mission News

The Aide Médicale aux Missions, affiliated with the Medical Association of Saint Luke in Belgium, organized a Medical Mission Day, on the occasion of the International Exposition in Brussels. This Medical Mission Day took place on the 31st of May and presented the following program: (1) What has been done so far in the field of medical missions. (2) What is being done at present. (3) Measures taken to coordinate medical assistance to the missions. Among the speakers we note several well-known medical mission friends, i. e., Dr. Fernandes of Brussels, Dr. Pasteau of Paris, Prof. Havet of Louvain, and Dr. Hermans of Rotterdam.

Recently the Aide Médical aux Missions sent two doctors to the Belgian Congo. They are Dr. Breyne, for the dispensary in Lolo, and Dr. van Kan, for Djuma. In September a new medical mission post will be opened in Rungu (Dominicans). The doctor assigned to that station is Dr. Réné Stouffs. The dispensaries of Fataki and Lolo, both well equipped and served by a doctor and several registered nurses, report steady increase in the number of patients. In 1934 they numbered 5,593 for Fataki and 8,519 for Lolo.—*Aide Médicale aux Missions,* April, 1935.

At the particular request of the Holy Father during the Holy Year the Order of Malta, which has for eight centuries been associated with the care of the sick and wounded, has founded a Missionary Association. The British Local Committee of this Order has obtained the cooperation of the Catholic Women's Missionary League of England and on the recommendation of the president of the C. W. M. L., Mrs. Thomas, has undertaken to help with funds the Leper Hospitals of Mother Kevin in Uganda.—*The C. W. M. L. Bulletin.*

A German Franciscan, Brother Pancratius Stampfl, passed the examination for doctor and surgeon which is required by the Province of Kansu, China, before foreigners are allowed to practice medicine in that section. Brother Stampfl had practiced medicine in Germany and afterwards worked for six years in Tsinchow with Dr. Drexler of the Medical Mission Institute of Würzburg.—*Revue de l'Aucam,* April, 1935.

The monks of St. Bernard have opened a dispensary in the mountains of Tibet, in Wei-si on the Chinese frontier. A great number of sick and wounded Tibetians come daily for treatment.

The Egyptian Sudan possesses a network of dispensaries, run by native nurses under supervision of the hospitals. One of these hospitals is situated in Wau, the mission center of Bahr-el-Ghazal. In June, '33, the supervising doctor asked the Vicar Apostolic for missionary sisters to take charge of the nursing department. Two sisters have undertaken this task, with great missionary success.

The Medical Mission Institute of Würzburg sent out on the 3rd of February Miss Maria Heukamp, nurse and midwife, to the mission of the Oblates in Kimberley, South Africa. Miss Heukamp graduated in 1926 from St. Hedwig's Hospital in Berlin, and then followed post-graduate courses in public health work and midwifery. Last year she obtained her English certificate for midwifery in Dublin. This is necessary for her work in South Africa.

The Society of the Brothers of Mercy of Trier sent out seven brothers to the mission field. This is the fourth departure since 1930 when this community took up mission work. Five of these brothers will nurse the male inmates of the newly founded insane asylum of Mr. Lo Pao Hong, the "Vincent de Paul" of China. The Maryknoll Sisters have charge of the nursing of women inmates. —*Die Katholischen Missionen,* April, 1935.

Six Franciscan Sisters of Blois, who recently arrived at Krishnagiri, in the diocese of Salem, India, to work among the lepers and to care for the sick and poor, were received at the railway station by a throng of Moslems, Hindus, and Christians. The Franciscan Servants of Mary were founded towards the middle of the last century. This is their first venture in missionary work.—*The Rock,* April, 1935.

Three Franciscan Missionaries of Mary, all in the prime of life, died of typhus at Fukiatien near Harbin, China, in January, '35. The telegrams conveying this information to Peking added an urgent request for anti-typhus vaccine, which is prepared in the typhus research laboratory of the Catholic University of Peking. This is

(*Continued on page* 144)

Book Reviews and Review of Reviews

LE GUIDE MISSIONNAIRE. Dr. J. Monteils. Distributed gratis to missionaries by the "Aide Médicale aux Missions," 20, rue de le Chaise, Paris 7.

There is an ever increasing need of medical training, elementary though it must always be, for all missionaries who have no professional training and who work in the frontline, the jungle and the little villages, far away from all qualified medical aid. This medical training is necessary, first, because human life is sacred and may not be experimented with, and secondly, because the missionary value of this work for the sick depends largely on its successful results.

It would be well to note that no medical manual can ever replace this training, be it a first-aid course or, preferably, one of those organised medical courses for missionaries, such as is given in various countries of Europe and also in Washington, D. C. The course of Lille (Rijssel) in France is one of the oldest and best known of this sort and shows an annual increase in students (56 in 1933).

"Le Guide Missionnaire" is another expression of French interest in the medical apostolate. This book, a handsomely edited volume of 877 pages, offered gratis to all missionaries who write for it, has a double purpose. The first section contains instructions for the treatment of the chief tropical diseases, while the second part lists remedies, their composition, use, toxicity and ministration, with the name of the laboratory which produces them. Missionaries are requested to send their orders to the "Guide Missionnaire," which executes the same promptly and which, by reason of this centralization, is able to reduce the price of these medicaments considerably. (Trade price for drugs and from 30 to 50 percent reduction for specialties.)

Although there exists an excellent French manual for missionaries, namely the "Bréviaire Médical," this short and simple summary of the most important diseases and their treatment will prove very useful for missionaries in the field. It gives in rapid succession a survey of anatomy in pictures, an alphabetical list of symptoms, a very extensive discussion of the common diseases, particularly those of the tropics (440 pages), a chapter on first aid in

emergencies, on the ministration of various drugs, on hygiene and on laboratory work.

Among the accounts of the pathology of diverse diseases, those on dentistry and eye diseases are outstanding. Written by specialists, but readily understood by everybody, these sections will be welcomed by missionaries who are so often called upon to perform minor operations on eyes and teeth. Some chapters are more informative than of direct practical use for missionaries. The index is extensive but could be made more intelligible to non-medical readers by the use of lay terms as cross references.

This little book will prevent many mistakes and disappointments and will be a safe guide in the difficult and responsible task of missionaries in caring for their sick. This is the work of almost every priest, brother and sister in the mission field.

SÜDAFRIKA UND DIE KATHOLISCHE MISSIONSÄRZTLICHE FÜRSORGE, by Thomas Ohm, O.S.B., St. Ottilia, Oberbayern, 1934.

Dr. Ohm's journey to South Africa in 1933 has resulted in a little book (32 pages) on the medical apostolate of that country. The fact that the majority of the mission doctors of the Würzburg Institute are working in these missions was perhaps the chief reason for this trip. Dr. Ohm is very frank and open in his statements. So in the first chapter he fully acknowledges that South Africa is not the most needy nor the most promising field for the medical missions. It is much less densely populated than India or China, the bodily needs are less than in those countries and the number of doctors in the African Union is 2,381, i.e., a doctor for every 3,450 persons. (p. 7.)

That there is yet reason and need of mission doctors is explained by the fact that the white doctors usually refuse to help the colored peoples, who are thus sadly in need of medical care. At the same time Dr. Ohm does not underrate the missionary side of the problem. The mission-doctor is able, better than anyone else, to establish the first contacts with natives and to attack paganism in two important points, superstition and the witch-doctors, often the very bulwark of heathendom. (p. 14 and 15.)

The financing of the medical apostolate is a very interesting topic. At the present time it is the superior of the mission who pays for the upkeep of the Würzburg mission doctor and his family. It is, however, hardly right to expect this to continue indefinitely. Dr. Ohm thinks that it is unnecessary too, for the medical work in South

Africa could very well be self-supporting, if the right methods were used with the natives (p. 22-24). How true this is, is a question.

The last problem discussed in this book is: Should a mission doctor be married or single, a religious or lay person? Dr. Ohm does not venture to give a definite and decisive answer and expresses the opinion that different fields require different kinds of mission doctors.

We wish this interesting booklet a wide distribution among mission friends. Were such books written about India, China, etc., the medical apostolate would be better known and supported, to the benefit of the missions.

L'AIDE MEDICALE AUX MISSIONS. Brussels. April, 1935.

The Belgian Medical Mission Review begins with a comparison between the white race and the colored. Numerically the white race is only one-third of the world's population, but eight-tenths of the world's surface is dominated by it. How much does the race understand of the responsibility which this fact involves?

Then follows a report of the General Assembly of the "Ouvroirs of the A. M. M.," the ladies' auxiliary which collects and distributes drugs, dressings, bed linen, etc., for the medical posts in the Congo. The figures give a good idea of the work accomplished, while the individual reports of the sections betray the fine missionary spirit of these ladies' auxiliaries.

"Our Doctors of the A. M. M." tells about the departure ceremony of two doctors, and the next article explains at length the medical work done in the station of Fataki, where one doctor, three sister nurses and eight native nurses devote their talents to the service of the sick and the sanitation of the country. The results are remarkable from a medical as well as from a missionary point of view.

Finally a report of the meeting of the C. O. A. M. (Consilium Operum Adjuvantium Missiones), which unites in one body the leaders of all the various mission activities of Belgium.

MEDISCH MISSIE MAANDBLAD. Edited by the Dutch Medical Mission Committee, Rotterdam, Holland, January and February, 1935.

The Dutch Medical Mission Monthly completes the trio of Catholic medical mission reviews. It has been in existence since 1928, as the organ of the Medical Mission Committee of Holland. Although the work of this committee so far has been chiefly to train missionnaries for their work among the sick, to give them a physical examination before they leave the home country and constantly to furnish information on the medical apostolate (through the M. M. M.), this Dutch committee has shown a clear and complete under-

standing of the whole field of medical missions, as the review proves.

Popular in style, but scholarly in contents, the various articles of the January issue depict widely diversified medical mission efforts. The first article, by Father Fritschy, is based on Father Vernet's "Medicine and Mission." It relates a few instances of native healing, of superstition and prejudice, and further discusses the hygienic situation of the missionary himself. The figures of Father Gemelli, published at the Vatican Exhibit, show an average shortening of life by 19 years for a missionary in regions where there is no organised medical assistance. The number, for the better situated regions, is 11, so the difference is obvious.

"Nursing among the Mohammedans of North Africa" describes the work of the Social and Medical Assistants. The section "From the Press" is a report of the work of the Medical Mission Board in New York, of the Ouvroirs de l'A. M. M. and of the Guide Missionnaire, three organisations with more or less the same object. Finally a short description of the sacrifices to the Deity of Smallpox in India, taken from a Mill Hill Magazine.

On the program of Holland's monthly mission broadcast were two talks on medical subjects, namely, pneumonia and baby-care, both given by competent doctors and meant as information and instruction for the missionary in the field. These feature the February issue.

"Medicine and Missions" is continued with a discussion of acclimation, a difficult and dangerous period for a missionary. It has been observed that many missionaries have died within the first two years after their arrival in the tropics. Father Fritschy suggests several ways of improving this situation, the one of chief importance being the organisation of professional medical care within the reach of every missionary. But as this cannot always be done, the author urges again the necessity of an elementary medical training for every missionary.

In the Medical Mission Chronicle the latest news is given from the medical mission field. Book reviews wind up this issue.

ÉTUDES MISSIONNAIRES, under the patronage of the "Amis des Missions." Paris. January-March, 1935.

Father A. Perbal, O.M.I., opens this review with a study of "Mission Science and the Mission Weeks." After discussing the definition, necessity and value of mission science, the author gives a short summary of its history since Prof. Schmidlin and Dr. Streit put new life into this old branch of science. Father Perbal shows

clearly the usefulness of mission conventions, where scholars meet and exchange views, and where slowly an international understanding and agreement of the principles of mission science is built up.

"The Mission Doctrine of Mother Mary of the Passion" by Georges Goyau is a discussion of the ideas of the foundress of the Franciscan Missionaries of Mary. Liturgical life, charity, obedience, sacrifice, unity, zeal for souls and love of the church, these are the various points and aspects of her teachings to her daughters.

"Education in the Mission of New Guinea" describes the school system in that vicariate, notably the inestimable help of the catechists, and the native clergy, the highest ideal of every mission, in this case in its very first beginning.

A document of Pere Dechaume, of the White Fathers, treats of the God of the Barundi, called Imana, while Msgr. Beaupin's article focuses attention on the latest work of the Hygiene Section of the League of Nations, in the matters of malaria, spread of infectious diseases, leprosy and other subjects which pertain to missions. The valuable bibliography of the preceding year is continued with a list of German books and articles on the missions, 1927-1934.

IL PENSIERO MISSIONARIO. Edited by the Missionary Union of the Clergy. Rome. March, 1935.

An extensive discussion of a most vital problem opens this issue. It is called "How to interest the clergy in the study of missions," by Father Ugo Bertini, and links up beautifully with the article of Father Manna in the preceding number of Dec. '34, on the Missionary Union of the Clergy. In strong and emphatic language Father Bertini stresses the necessity of a solid and well-ordered knowledge of the missions for the parish priest. He also describes the means to attain this end. It is clear that once a priest has begun his ministry, there will be little time left for a systematic study of missions. Therefore all hopes are placed in the seminaries, where such a study can and ought to be made. Many other problems are discussed on the side, i.e., the position of Il Pensiero, the need of professionals in mission science, and the place of mission science in the regular seminary course.

"Origin and History of the Archdiocese of Scudari," by Msgr. Castellucci, is a complete historical account of this ancient bishopric, whose origin goes back to the beginning of our era. Of even greater interest from a missionary point of view is the next article of Msgr. Navarro, "The Jesuits in Venezuela," which bespeaks great admira-

tion for the cultural and missionary achievements of the Jesuits among the numerous tribes of Indians along the Orinoco.

The short biography of Father Valignano, S.J., missionary to the Far East and especially to Japan, by Carlo Snider, is also a vivid description of the missions in the East in the sixteenth century. Several reviews of books and articles in various magazines conclude this issue.

DIE KATHOLISCHEN MISSIONEN. Edited by the Society for the Propagation of the Faith. Bonn. March, April and May, 1935.

In the first article of the March issue of K. M. we find a comprehensive study of the mission among the educated classes of Japan, under the title: "The Importance of the Conversion of the Intellectual Classes," by Dr. Gregorius van Breda, O.M. Cap. Schools and the press are the chief means of reaching this part of the population, whose importance for the future of their country is emphasized in this article.

"Catholicism and Protestantism in South China," by Father Donnelly, S.J., shows the cultural and social domination of the Protestants in that section and the very little influence of Catholics on the life of the Chinese. The reason for this is the lack of high schools and universities conducted by Catholics. Outside of Hongkong hardly 30 students receive a Catholic high school and college education. The consequences might prove disastrous for the future of the missions.

The study of Father Prieschl, C.S.S.R., on the work of the Redemptorists for the reunion of the Greek-Slavonic Rite is concluded in this issue. Particularly interesting is the story of "Dom Anrique, bishop, Prince and Negro," the first Negro-bishop, consecrated in 1520, and a most pathetic personality in the history of the Portugese Congo mission.

"On the Outlook" reports the proceding of the Plenary Council of Hanoi, Indochina, while the usual series of small news items give us a bird's eye view of the progress of the missions in the field and at home.

In the April number Father Gregorius discusses the Catholic education of the intellectual classes of India and Africa. The training of Catholic youth for its future task of leadership in its own country naturally is very dear to Father Gregorius who devotes his life to this same task at home.

"Thoughts on the Mission Task of the Church in East Asia," by Father Heidrich, S.J., is an appeal for complete and resolute adapta-

tion of Catholic customs to the Japanese traditions and conceptions, if we wish our religion to lose its stigma of "foreign" in this country.

"Gottfried von Laimbeckhoven, S.J., bishop of Nanking," by Father A. Zehetner, S.J., is a valuable contribution to the history of Chinese missions and at the same time a worthy tribute to the memory of a great and noble missionary. Father Gustav Lehmacher described the aspect and character of "Java and the Javanese," a sharp observation of this beautiful island. "On the Outlook" and "From all over the World," carry much interesting information, and the story of "Hindu Superstition to Banish Cholera," turns our thoughts to medical missions and the dire need of them.

Very appropriately the May issue starts with the "Sodalities of the Blessed Virgin Mary in the Ancient Missions of China," by Alphons Väth, S.J. Our readers will be surprised to hear that in 1609 the first Chinese Sodality was founded by Father Ricci in Peking. The sodalities were centers of true lay-apostolate and did much social work.

The mission intention for the month of June, the Conversion of Russia, is extensively discussed in the next article. Even the troubles of near-by Mexico should never crowd out of our minds and prayers the far greater hell of Russia.

"Bede the Venerable," claims German descent for this English historian and portrays his missionary career in England in the light of the world's history of that time. "Java and the Javanese" is concluded and the usual series of mission news and book reviews wind up this issue.

INTERESTING ARTICLES IN OTHER FOREIGN MAGAZINES

"Les Medecins au Congo," by Dr. L. Peeters, in Revue de L'Aucam, March, '35.

An insider's story of what mission doctors can do in the Congo, both from the medical and from the missionary standpoint.

"La Geographie Medicale des Missions," by Dr. J. Havet, in Bulletin des Missions, March '35.

A description of Abyssinia, its climate, population, medical situation, prevalent diseases and medical missions.

"L'Oeuvre Medicale du Pere Szuniewicz Shuntehfu (Hopeh)," by Father Rutten, C.I.C.M., in Collectanea Commissionis Synodalis, March '35.

An ideal medical mission: A hospital in Shuntehfu, directed by Father Szuniewicz and a Chinese doctor. Ten dispensaries distributed over the whole region. Seven Daughters of Charity and a great number of native nurses. And best of all, the whole work is self-supporting!

"Le Droit de Colonisation," by H. Nimal, in Revue de l'Aucam, January and February '35.

A fully documented, scholarly discussion of the difficult topic, the right of colonization.

"Über den Begriff des Primitiven," by A. W. Horrnle.

"Was Bedeutet der Name Arier."

"Nationale Kultur und Christentum in China," all in Mensch und Rasse, October '34.

Anthropological problems have an important bearing on mission work. These three articles explain the meaning of some much abused words: Primitive, Aryan, and Culture.

"El Momento Actual en las Misiones del Oriente," by Father Heras, S.J., in El Siglo de las Misiones, March, April and May '35.

This description of the status of Catholic Missions in the Orient, set in the background of the history of these countries, may make us realize that the turning point in the life of the East has come. It will be either Christ or atheism in the near future.

"Les Origine du Clergé Indigene en Chine," by Alphons Hubrecht C.M., in Collectanea Commissionis Synodalis, January '35.

A complete historical account of the origin of the native clergy in China.

"Eingeborene Christliche Kunst in Nichtchristlichen Ländern," by J. B. Aufhauser, in Die Christliche Kunst, January '35.

Adaptation in matters of ecclesiastical art has its supreme solution in spontaneous native Christian art.

"Le Missioni Cattoliche . . . dell'Indocina," by Father Tragella, in Le Missioni Cattoliche, 21 April '35.

The ethnology, mission history and present status of the missions of Indochina.

"Le Concours Apporté par les Missions Religieuses dans la Lutte contre la Lepre," by L. Aujoulat, in Bulletin de la Ligue Missionnaire des Etudiants de France, April '35.

A description of several great Catholic leper asylums.

"Une methode de Rapprochement Intellectuel," by Father Henri Charles S.J., in En Terre d'Islam, March-April '35.

A successful method to reach Mohammedans and interest

them in Christianity through the press, as it is used by the Protestant Central Literature Committee of Cairo.

"La Loi du Travail chez les Franciscaines Missionnaires de Marie," by George Goyan, in Les Missions Catholiques, February 16 and March 1, '35.

Printing presses, lace-and-tapestry making, form an important detail in the mission methods of the Franciscan Missionaries of Mary.

"Les Religieux du Grand Saint-Bernard aux Marches de Thibet," by Msgr. Guebriant, in Les Missions Catholiques, March 16, '35.

The courageous undertaking of the monks of the Saint Bernard in Tibet is the subject of the article of the recently deceased Superior of the Foreign Mission Seminary of Paris.

"L'Enseignement de Medecine en Chine," by Dr. L. Belot, in Revue Nationale Chinoise, November and December '34.

Study of the old Chinese systems of medicine and the modern medical schools, especially the University Aurora in Shanghai.

ARTICLES ON MEDICAL MISSIONS IN ENGLISH MAGAZINES

"Peeps in Medical Mission Work in India," in the Indian Ecclesiastical Review, Xmas, '34.

"In the Land of the Rising Sun," in The Master's Work, March '35.

"Medical Missions," in Pax, March '35.

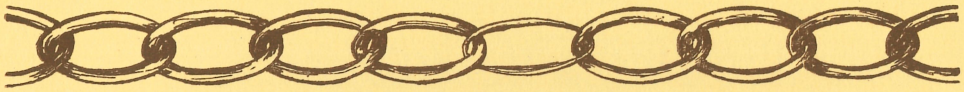
"The Horror of Pen-Knife Surgery," in The Shield, March '35.

Current Medical Mission News

(*Continued from page* 135)

the only place in the Orient where such vaccine is obtainable. This laboratory, directed by Father Rutten, of the Scheut Fathers, has received a grant of $10,000 from the Chinese government.—*The Rock,* March, 1935.

Dr. Lengaouer, woman doctor from Russia, Miss D'Hondt, a laboratory technician from Belgium, and Miss Schwaller, a nurse from Switzerland, have been conducting a hospital in Anua, South Nigeria, besides nine dispensaries and a training school for native nurses. At present these women have taken charge of a government leper camp in Ossiomo, Benin Province, Nigeria. This asylum has 156 inmates, but the number of lepers in that district alone is estimated at 20,000.—*St. Josefs Missionsbote,* May, 1935.



The Weakest Link

in the whole chain of Catholic missions is the medical apostolate.

The facts speak for themselves: of the 18,028 priests, 8,755 brothers, 50,555 sisters and 136,234 lay-assistants, representing the personnel on Catholic Missions,

ONLY 40 ARE DOCTORS.

There are, of course, many more nurses. But as the standards of training vary greatly throughout the world, it is impossible to give their number.

Numerically, there are not enough professional medical missionaries to provide for the mission personnel, not to speak of the native population. Hence, the

FIRST BIG NEED IS VOCATIONS

to this apostolate, and the

SECOND IS MONEY

to train those who have already volunteered.

As our needs are really pressing, please remember the first community founded in the Catholic Church for this purpose:

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC.
BROOKLAND, WASHINGTON, D. C.

The Society of Catholic Medical Missionaries

The Society is a COMMUNITY of Sisters—doctors and nurses, who devote themselves to the care of the sick in mission countries.

Scope of the Work

The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries; also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa, and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house-to-house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca; also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

Requirements for Admission

The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is 30 years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

For further information, apply to:

SISTER SUPERIOR,

MEDICAL MISSION HOUSE, *Box* 4405

BROOKLAND,

WASHINGTON, D. C., U. S. A.